

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026036

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6973

STATE FILE NUMBER

FILED JUL 12 1963

| | | | |
|--|---|---|---------------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips | | d. STREET ADDRESS (If outside, give location) 5952 Oakherst | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Hattie Jones | | 4. DATE OF DEATH Month Day Year 7 1 63 | |
| 5. SEX Fem. | 6. COLOR OR RACE Negro | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1/14/1899 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) 64 |
| 11a. FATHER'S NAME Mike Jones | | 11b. MOTHER'S MAIDEN NAME Pearce Unknown | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT Mrs. Pauline East | | Address 5952 Oakherst | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malnutrition & Dehydration Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Old Cerebrovascular Accident DUE TO (c) Hypertensive Vascular Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. 33X <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 6-28-63 8:40 P. to 7-1-63 and last saw her alive on 7-1-63 Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22b. ADDRESS 2601 N. Whittier | |
| 22a. SIGNATURE Hattie Jones | | 22c. DATE SIGNED 7-2-63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 7/6/63 | |
| 23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | |
| 24. FUNERAL DIRECTOR 5010 Enright Metropolitan Funeral System, Inc. | | 25. DATE RECD. BY LOCAL REG. JUL 5 1963 | |
| 26. REGISTRAR'S SIGNATURE Earl Smith M.D. | | | |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John K. Carmichael

Licensed Embalmer No. 4476

P. O. Address

2405 Marcia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.